

a large piece of *boiled liver* in colour, but very hard in consistency, was found protruding entirely from the vagina. The umbilical cord was attached to the centre of this carnaceous mass, being very large and soft. As the parts relaxed the tumour increased in size, but no membranes could be found upon or about it. There could be no doubt now as to the case being one of complete inversion, as the broad and round ligaments could be felt just behind the protruding tumour. With great difficulty the placental mass was separated from the uterus, which was immediately replaced, contracting, upon itself, to the natural size, with the removal of the hand. All our efforts were now directed to the sinking condition of the patient, but she failed to rally, and died at nine o'clock of the same evening.

Dr. E. states that "at no time was any force applied at the cord."

*Wound of the Eye; Extirpation of the Organ; followed by Fatal Tetanus.*—Dr. E. WILLIAMS records (*Cincinnati Lancet and Observer*, March, 1862) a case of wound of the eye by a large scale of iron, which flew off from a boiler while the patient was hammering upon it. Dr. W., convinced that there was in the eye a foreign body, wished to remove the organ, but the patient obstinately refused, and only consented three weeks after the accident, his sufferings in the meantime being very intense. Dr. W. enucleated the eye on the 24th of April; the patient went on well until the third evening after the operation, "when he began to experience some rigidity about the muscles of the jaw, and difficulty in swallowing. The following morning all the muscles on the right side of his face were perfectly inactive and flabby, while those on the opposite side were rigidly contracted, giving the patient the peculiar physiognomy of facial paralysis. He could still open the mouth about half an inch and swallow, but with labour. The tetanic contraction invaded successively the muscles of the neck, chest, abdomen and limbs; and he died on the morning of the 5th of May, one month after the accident, ten days after the operation, and seven days after the tetanus set in.

"On inspecting the eye, I found the retina destroyed by the suppurative, excepting a small floating portion around the optic entrance—choroid thickened and friable from the presence of lymph in its tissue—iris discoloured, swollen, and pushed forward against the cornea, pupil closed by a plug of yellowish lymph, lens turbid, very soft, and much diminished in size. Behind the iris, and moulded to its posterior surface and the inner surface of the corpus ciliare, was a mass of lymph, yellowish in colour, pretty firmly adherent to the surfaces from which it had exuded, and filling up nearly the anterior half of the cavity of the eye. This mass of lymph, permeated with numerous pus globules, was thickest and extended farthest back at the outer side of the eye, where I found just back of the equator a large scale of iron sticking firmly in the sclerotic. It was, by actual measurement, half an inch long, one quarter of an inch wide, and a little thicker than ordinary foolscap paper. Its surfaces were smooth, but the edges rough and irregularly serrated. Near the middle of its length were two corresponding notches, one on either side, in which it was firmly embraced by the sclerotic coat, one-half projecting into the orbit, and the other into the eye. It had passed through the globe, and half way out on the opposite side. In this position, the offending body was held so firmly that I had to enlarge the wound in the sclerotic with the scissors, in order to extricate it."

*New Operation for Obstinate Strabismus.* By E. ANDREWS, M. D.—"Certain cases of strabismus have always been considered incurable: among which are those which result from rupture of the external rectus oculi muscles, and those which are produced by a wound or injury within the internal angle of the lids, fastening the eye by a cicatrix. Yet there occur instances of this sort where the cure is of the utmost importance. Such are those where the sound eye happens, subsequently, to be ruined, while the strabismic one is so turned inward as to be rendered practically useless for supplying its place. In such case the patient is actually in the condition of a blind man, though having one eye perfect in everything but position. Having two such cases on hand, I resolved to try a new operation on one of them. The external rectus muscle had been ruptured, allowing the cornea to turn toward the internal canthus so far as to be

quite out of the reach of vision. Some surgeon had made an ineffectual operation on the old plan, the only result of which was to form a cicatrix, which glued the eye more firmly into its faulty position.

"Having administered ether and chloroform, I commenced, as in ordinary operations for strabismus, by cutting the conjunctiva on the inner side of the eye with the scissors; then, with a blunt hook, I picked up successively every band of cicatrix, tendon or fibrous tissue which interfered with the motion, and cut them off with the scissors until the globe could be freely turned outward, by seizing it with forceps and making traction. The eye was thus liberated from the bond, but as there was no external rectus, there was no voluntary power of keeping it to its place. I proceeded therefore as follows: Pinching up the conjunctiva on the outer side of the globe with the rat-tooth forceps, I cut it perpendicularly with the scissors, two lines from the cornea; commencing at the slit thus made, I dissected off the conjunctiva oculi from the slit outward quite to the lining of the lids at the external angle, denuding the inside and edge of the external canthus at the same time. I then took a silver ligature, bent in the form of a staple, and passed the two ends, first through the strip of conjunctiva remaining next to the cornea, and then through between the eyeball and external canthus, bringing them out through the skin at two points near the external border of the bony orbit. By drawing upon them, I rolled the eye well out, so as to press the cut edge of the conjunctiva against the denuded canthus, and then fastened the wire by a lead button. In this way the eye was secured firmly in a correct position. Some inflammation followed, which was readily held in check by cold water dressings. On the sixth day the suture was taken out, when the eye was found to maintain its correct position, and the operation proved a complete success.

"From the results of this experiment, it is obvious that some cases of strabismus which have hitherto been considered incurable, are capable of being rectified, and that this operation may restore useful vision to a class of patients which had been given over to virtual blindness, by the faulty position of the remaining sound eye."—*The Chicago Med.-Examiner*, Jan. 1862.

[We regret that the above case has been so briefly reported, and so many important details are omitted. It is not stated by what accident the external rectus muscle was ruptured without a like lesion of the coats of the eye; what degree of vision the patient enjoyed after the operation; whether or not the eyeball was motionless; what degree of exophthalmos resulted, &c. &c., all important points in forming an estimate of the benefits resulting from the operation. Such cases must be extremely rare.

Our western exchanges furnish evidence that we have enterprising ophthalmic surgeons in this country who can rival their Teutonic and Gallic brethren in wonderful—we might perhaps say miraculous—achievements.]